

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09.367714</b>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		6		/			64				
15		0		/			65				
16		0		/			66				
17		0		/			67				
18		0		/			68				
19		0		/			69				
20		/		/			70				
21		/		/			71				
22		0		/			72				
23		0		/			73				
24		0		/			74				
25		0		/			75				
26		0		/			76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	26	↓	25	↓			TOTAL DEP.		↓		↓
TOTAL CLAIMS	27		24				TOTAL CLAIMS				